



2. The amount of the Debtor's net wages are:

a) Gross Pay *	<u>760.00</u>	(40 hrs/week @ \$19.00/hr)
b) Federal Income Tax	<u>58.00</u>	
c) F.I.C.A. Income Tax	<u>58.14</u>	
d) State Income Tax	<u>26.30</u>	
e) Total of tax withholdings <i>Cin Tot</i>	<u>15.96</u>	<u>158.40</u>
f) Net Wages (total is (a) less total of (e))		<u>601.60</u>

\* Pay Varies if overtime is worked  
 C. Have there been, or are there currently, other garnishments in effect? (Including, but not limited to, child support and alimony.) X Yes \_\_\_\_\_ No.

If the answer is yes, describe below.

Child Support \$ 86.62  
Child Support \$ 90.43

D. In addition to earnings, the Garnishee has custody, control or possession of non-earnings property (such as commissions, bank accounts, stocks, ect.) in which the Debtor maintains an interest.

\_\_\_\_\_ Yes X No (If the answer is yes, describe below)

	<u>Description of Property</u>	<u>Approximate Value</u>	<u>Description of Debtor's Interest in Property</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

E. Garnishee anticipates owing to the Debtor in the future, the following amounts (non-earnings only): NA

	<u>Amount</u>	<u>Estimate Date or Period Due</u>
1.	\$ _____	_____
2.	\$ _____	_____
3.	\$ _____	_____
4.	\$ _____	_____

## ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

Juvenile Court Case Number **F88-1187 Z**

- ☐ Original Order/Notice  
☐ Amended Order/Notice  
☐ Terminate Order/Notice

State: Ohio  
 County: Hamilton  
 Address: Hamilton County Juvenile Court  
800 Broadway  
Cincinnati, OH 45202  
 Date of Issuance: January 11, 2005  
 Order Number: F88-1187 Z  
 FIPS Code: 39061

CENTURY MECHANICAL SOLUTIONS  
1554 CHASE AVENUE  
CINCINNATI OH 45223-0000

MICHAEL WERMMEYER  
 Employee/Obligor's Name  
288-78-2443

Employee/Obligor's Social Security Number  
 Employee/Obligor's Sets Number

04/01/1970  
 Employee/Obligor's Date of Birth

Financial Account Number:

Child(ren)'s Name(s)/DOB:  
 RICK WEHRMEYER born 03/18/1988

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an order for support from Hamilton County Juvenile Court. By law, you are required to deduct these amounts from the above-named employee's/obligor's income until the director or designee of the county child support enforcement agency notifies you in writing to terminate or reduce the withholding even if the Order/Notice is not issued by your State.

☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment and to inform the child support enforcement agency of any lapses in coverage.

<u>\$306.83</u>	per MONTH in current support	
<u>\$61.37</u>	per MONTH in past-due support	Arrears 12 weeks or greater? yes no
	per MONTH in medical support	
<u>\$368.20</u>	per MONTH Subtotal	
<u>2.37</u>	per MONTH in other (specify) <u>2% processing fee</u>	
for a Total of <u>\$375.57</u> MONTH to be forwarded to the payee below.		

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

1. If pay cycle is weekly, multiply the monthly amount by 12 and divide by 52.
2. If pay cycle is every other week, multiply monthly amount by 12 and divide by 26.
3. If pay cycle is twice monthly, multiply monthly amount by 12 and divide by 24.

## REMITTANCE INFORMATION

An employer must begin withholding no later than the first pay period occurring 14 working days after the date of this Order/Notice. Send payment immediately or within 7 working days of the paydate/date of withholding. Ohio Law: Financial institutions are required to send the amount deducted no later than fourteen working days following the date this notice was mailed and are required to continue the deduction thereafter IMMEDIATELY, but not later than seven (7) working days after the payment or deduction is made. You are entitled to deduct a fee to defray the cost of withholding. Refer to the laws governing the work state of the employee for the allowable amount. Ohio Law: A payor may deduct a fee of \$2.00 or 1% of amount to be withheld, whichever is greater (including an employer paying worker's compensation). A financial institution may deduct a fee of \$5.00 or a fee not to exceed the lowest rate, if any, charged for a similar debt transaction, whichever is less of the amount specified to be withheld.



OMB Control No: 0970-0154  
ODJFS 4047 (Rev.8/2000)**ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT**Juvenile Court Case Number **P90-2961 Z**

- ☐ Original Order/Notice  
☐ Amended Order/Notice  
☐ Terminate Order/Notice

State: Ohio  
 County: Hamilton  
 Address: Hamilton County Juvenile Court  
800 Broadway  
Cincinnati, OH 45202  
 Date of Issuance: January 11, 2005  
 Order Number: P90-2961 Z  
 FIPS Code: 39061

CENTURY MECHANICAL SOLUTIONS  
1554 CHASE AVENUE  
CINCINNATI OH 45223-0000

MICHAEL WEHRMEYER  
 Employee/Obligor's Name  
288-78-2443

Employee/Obligor's Social Security Number  
7005854844  
 Employee/Obligor's Sets Number  
04/01/1970  
 Employee/Obligor's Date of Birth

Financial Account Number:

Child(ren)'s Name(s)/DOB:

MELANIE WEHRMEYER born 03/31/1989

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an order for support from Hamilton County Juvenile Court. By law, you are required to deduct these amounts from the above-named employee's/obligor's income until the director or designee of the county child support enforcement agency notifies you in writing to terminate or reduce the withholding even if the Order/Notice is not issued by your State.

☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment and to inform the child support enforcement agency of any lapses in coverage.

<u>\$320.15</u>	per MONTH in current support	
<u>\$64.03</u>	per MONTH in past-due support	Arrears 12 weeks or greater? yes no
	per MONTH in medical support	
<u>\$384.18</u>	per MONTH Subtotal	
<u>7.69</u>	per MONTH in other (specify) <i>2% Processing fee</i>	
for a Total of <u>\$391.87</u> MONTH to be forwarded to the payee below.		

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

1. If pay cycle is weekly, multiply the monthly amount by 12 and divide by 52.
2. If pay cycle is every other week, multiply monthly amount by 12 and divide by 26.
3. If pay cycle is twice monthly, multiply monthly amount by 12 and divide by 24.

**REMITTANCE INFORMATION**

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F. Complete items 1 through 3 below, if applicable:

1. The Garnishee makes the following claim of exemption on the part of Debtor as indicated on the Claim for Exemption Form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The Garnishee has the following objections, defenses or set-offs to Plaintiff's right to apply Garnishee's indebtedness to Debtor upon Plaintiff's claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The Garnishee was not and is not indebted or under liability to the Debtor, and the Garnishee did not or does not have in his/her possession or control any property belonging to the Debtor, or in which the Garnishee has an interest; and is not liable as Garnishee in this action for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

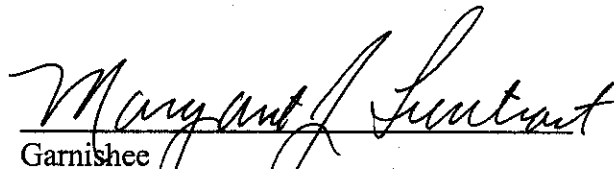
G. The Garnishee delivered or mailed a copy of the original of this Answer by first-class mail to:

(1) Clerk U.S. District Court  
U.S. Postoffice & Courthouse, Rm #326  
Cincinnati, OH 45202

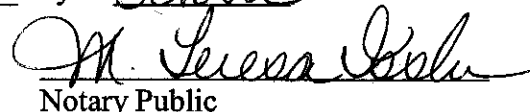
(2) the Debtor:  
Michael T. Wehrmeyer  
2964 N. Dunham Road  
Amelia, OH 45102

(3) the attorney for the United States:

Deborah F. Sanders  
Assistant United States Attorney  
Southern District of Ohio  
303 Marconi Boulevard, Suite 200  
Columbus, Ohio 43215-2401

  
Garnishee

Subscribe and sworn to before me this 2<sup>nd</sup> day of October, 2005.

  
Notary Public

My Commission expires 11-26-08  
M. TERESA ISSLER  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Expires 11-26-08